

RECEIVED
CENTRAL FAX CENTER

SEP 09 2005

LEMAIRE PATENT LAW FIRM, P.L.L.C.

P.O. Box 11358, ST. PAUL, MN 55111

CUSTOMER NUMBER 40064

TELEPHONE 952-278-3500 FACSIMILE 952-278-3599

September 9, 2005

Time: 10:10 CDT

TO: Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FAX NUMBER: 1-571-273-8300PATENT

Applicants: Harlan T. Jacobs et al.

Serial No.: 09/815,884

Filed: March 23, 2001

Examiner: Blane J. Jackson

Group Art Unit: 2685

Docket No.: 1327.011US1

Title: BATTERY-OPERATED WIRELESS-COMMUNICATION APPARATUS AND METHOD

We are transmitting herewith the following attached items (as indicated with an "X"):

- X This Fax Transmittal (1 page);
- X Request for Continued Examination (RCE), Form PTO/SB/30 (1 page);
- X Petition for Extension of Time, Form PTO/SB/22 (1 page, 2 copies);
- X Fee Transmittal for FY 2005, Form PTO/SB/17 (1 page);
- X RCE under 37 CFR § 1.114 and Amendment and Response (12 pages);
- X Supplemental Information Disclosure Statement (2 pages);
- X Form SB/08 (Substitute Form 1449) (1 page);
- X Copy of 2 cited Non-Patent Literature Documents (4 pages).

If not provided for in a separate paper filed herewith, please consider this a PETITION FOR EXTENSION OF TIME for sufficient number of months to enter these papers and please charge any additional fees or credit overpayment to Deposit Account No. 502931.

Total pages of this transmission, including this cover letter: 23 pages.

If you do NOT receive all of the pages described above, please contact us by telephone at 952-278-3500, or by fax at 952-278-3599.

By: 

Charles A. Lemaire/ Reg. No.: 36,198

CERTIFICATE UNDER 37 C.F.R. 1.8: I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, Fax No. 1-571-273-8300 on this 9th day of September, 2005.



Charles A. Lemaire

RECEIVED
OIPE/IAP

SEP 13 2005

RECEIVED
OIPE/IAP

SEP 13

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

555

Complete if Known

Application Number	09/815,884
Filing Date	March 23, 2001
First Named Inventor	Harlan T. Jacobs
Examiner Name	Blane J. Jackson
Art Unit	2685
Attorney Docket No.	1327.011US1

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 502931 Deposit Account Name: Lemaire Patent Law Firm

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues) _____

Each independent claim over 3 (including Reissues) _____

Multiple dependent claims _____

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

41 - 20 or HP = 0 x 25 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

6 - 3 or HP = 1 x 100 = 100

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE \$395, Petition for 1 Mo. Extension of Time \$60

455

SUBMITTED BY

Signature	<u>Charles A. Lemaire</u>	Registration No. (Attorney/Agent)	36,198	Telephone	952-278-3501
Name (Print/Type)	Charles A. Lemaire			Date	September 9, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.